

**“NONE TO REPORT”**  
to be used for the  
**2010 Missouri Deafblind Census Report**

Please complete and return this form **only if you do not have any individuals with deafblindness** (ages birth through 21 years) **to report**. **NOTE:** *Please carefully review definition of deafblindness in attached Guide to Completing the 2010 Missouri Deafblind Census Form.*

Source of this information:

LEA/SEA/Agency Name: \_\_\_\_\_

County and District Codes (6 digit number) \_\_\_\_\_ / \_\_\_\_\_

LEA/SEA/Agency Address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

Person completing this form:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Daytime telephone number (including Area Code): \_\_\_\_\_

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Date completed)

*Please return this form **by February 1, 2011**, to:*

**Susan Bonner, Coordinator  
Missouri Deafblind Project  
Missouri School for the Blind  
3815 Magnolia Avenue  
St Louis, Missouri 63110-4099**

If you have any questions, please call Susan Bonner at (314) 776-4320 x 3255 or Marge Winston, Outreach Secretary, at (314) 776-4320 x 3251.

*Thank you for completing this form, which will assist in program development and funding.*